UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/143
17 February 1995

ORIGINAL: ENGLISH

Second regular session 1995
3-7 April 1995, New York
Item 2 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mauritius
Support for a population programme

Proposed UNFPA assistance:	$1.5 million
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1995
Executing agencies:	Government of Mauritius United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Economic Planning and Development

/...

Mauritius

Demographic facts

Population (000)		Average annual change (000)	
Total	1,117	Population increase	12
Males	558	Births	22
Females	559	Deaths	7
Sex ratio (/100 females)	99.8	Net migration	-3
Urban	453	Annual population total (% growth)	1.08
Rural	664	Urban	1.60
Per cent urban	40.6	Rural	0.72
Population in year 2000 (000)	1,179	Crude birth rate (/1000)	19.3
Functional age groups (%)		Crude death rate (/1000)	6.5
Young child: 0-4	9.9	Net migration rate (/1000)	-2.0
Child: 5-14	17.8	Total fertility rate (/woman)	2.28
Youth: 15-24	18.5	Contraceptive prevalence rate (% 15-44)	75
Elderly: 60+	8.5	Gross reproduction rate (/woman)	1.12
65+	5.9	Net reproduction rate (/woman)	1.09
Percentage of women aged 15-49	56.0	Infant mortality rate (/1000)	15
Median age (years)	27.2	Maternal mortality rate (/100,000)	126
Dependency ratios: total	50.4	Life expectancy at birth (years)	
(/100) Aged 0-14	41.6	Males	68.3
Aged 65+	8.8	Females	75.0
Agricultural population density (/hectare of arable land)	2.4	Both sexes	71.8
Population density (/sq. km.)	547.0	GNP per capita (U.S. dollars, 1992)	2,700

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $1.5 million over a three-year period, starting in January 1995, to assist the Government of Mauritius in achieving its population and development objectives. The programme is designed to prepare the way for the eventual phasing out of UNFPA assistance.

2. The proposed programme is based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Mauritius in March 1994; on the Government's strategies and priorities as reflected in the National Development Plan for 1992-1994; on the experiences accumulated during the implementation of the first comprehensive population programme; and on discussions with government officials and representatives of non-governmental organizations (NGOs).

3. Mauritius has been one of the outstanding success stories among developing countries in reaching its demographic goals. Following a period of rapid growth between the censuses of 1952 and 1962, the country began a remarkable decline -- to an annual rate of only 0.79 per cent a year in the period 1983-1990. (The latest United Nations estimates put the rate at just over 1 per cent, see the demographic fact sheet p. 2.) The total fertility rate is 2.3 children per woman (although it had been as low as 2.0 in 1986). However, a contraceptive prevalence survey in 1991 found that the rate of contraceptive use by married women had declined from 75 per cent to 70 per cent in the last five years and also found a shift from modern methods to less-reliable natural and traditional methods.

4. The changes in the country's demographic patterns have been taking place against a backdrop of economic development that resulted in a doubling of the per capita income from 1982 to 1989, reaching $2,700 in 1992, according to World Bank estimates. This has been achieved by shifting the economy from a rural-based mono-crop agricultural economy (i.e., sugar production) to one that is much more diversified with the development of export manufacturing and tourism as major earners. In recent years, there has been almost no unemployment.

5. These successes mean that Mauritius is close to achieving self-reliance in the population field. The proposed programme, with a view to eventually phasing out UNFPA assistance, therefore focuses on consolidating past gains, on addressing the few groups underserved by past efforts, especially adolescents, and on assisting Mauritius in dealing with several issues that are emerging precisely because of past demographic achievements. The proposed programme would supplement government efforts to achieve its goal of maintaining the gross reproduction rate at the replacement level.

6. The particular areas of focus would be on providing reproductive health and family planning (RH/FP) services to adolescents under the age of 16, especially since such services are not currently available to adolescents in any of the government-supported health centres; on making family planning services more accessible to the large numbers of women who work in the country's Export Processing Zones; and on improving facilities and outreach of services to the population on the outlying island of Rodrigues. In addition, UNFPA would work to see that the country's needs for

contraceptives, which are currently being provided by the donor community, are met by the Government and the private sector.

II. BACKGROUND

7. The population of Mauritius increased from 700,000 in 1962 to 851,000 in 1972, to 1 million in 1983, to 1,057,000 in 1990 and to 1.1 million at present. It is projected to reach 1,377,000 by the year 2020. The population growth rate was 3.12 per cent a year during the period 1952-1962. A spectacular decline to 1.97 per cent, 1.48 per cent and 0.79 per cent a year occurred during the 1962-1972, 1972-1983 and 1983-1990 periods, respectively. A further decline to 0.58 per cent a year by the year 2020 is projected. This reduction in the growth rate is mainly attributed to the decline in fertility, and to some extent, to the net emigration of a yearly average of about 3,000 persons during the 1962-1990 period. The rate of natural increase declined from 2.75 per cent in 1962 to 1.17 per cent in 1986, but began to rise again from 1987 onwards to reach a rate of 1.46 per cent in 1992.

8. Total fertility has declined rapidly from about 6.0 in 1962 to 3.5 in 1972 and to 2.3 in 1990. A slight reversal in the downward trend was observed during the mid-1970s and again since 1986 (the year in which the lowest total fertility rate of 2.0 was observed) coinciding with periods of economic recovery. Similarly, the crude birth rate declined from 38.8 per 1,000 in 1962 to 25.3 per 1,000 in 1972 and to 18.6 per 1,000 in 1986, then rose again to 21.3 per 1,000 in 1990. Factors behind this rapid decline include the strong family planning programme; the increase in the mean age at marriage for women from 19.9 in 1962 to 23.8 in 1990; increased levels of education, especially for females; increased female labour-force participation; and improved economic opportunities. The two-child family norm now seems to be accepted by the overwhelming majority of the population.

9. The Central Statistical Office (CSO) indicates that during the intercensal period 1983-1990 fertility has increased among women aged 15-29 but has decreased at older ages. The contribution of the older ages to the total fertility rate fell from 33 per cent in 1983 to 29 per cent in 1990. Since 1986, however, there has been a general increase in fertility rates at all ages. Fertility among those aged 15-19 has increased from an average of 41.1 per 1,000 births in 1983 to 45.2 per 1,000 in 1990.

10. According to the most recent contraceptive prevalence survey (CPS) conducted in 1991, the contraceptive prevalence rate has gone down from 75 per cent to 70 per cent of married women of reproductive age. The CPS also shows a shift from reliable methods of contraception to natural and traditional methods. No comprehensive study has been undertaken of the factors responsible for this observed reversal in previous gains. The Mauritius National Report on Population prepared for the 1994 International Conference on Population and Development (ICPD) seems to suggest that the increase in the total fertility rate may be explained by a "catching up" of marriages and births postponed during harder times as well as by increased reliance on less-effective contraceptive methods. The report envisages that the present wave will crest within the next few years and that fertility will again decline, although at a slower rate.

11. Statistical reports for government clinics show that there was a progressive decline in new acceptors for family planning during the period 1986-1992. A significant rise in new acceptors by

the Mauritius Family Planning Association (MFPA) was, however, registered for 1992, and preliminary national data for 1993 show a definite improvement, a rise of 3.5 per cent over the numbers for 1992. In 1992 alone, 13,200 drop-outs were registered. The drop-out rate was highest in government clinics. The causes and significance of these trends have not yet been fully studied. The Government has approved the introduction of Norplant subdermal implants on a trial basis.

12. To date, there is total dependence on donors for the funding and procurement of contraceptive supplies, and the Government has not indicated how it plans to end this dependence. At present, the Government spends only 2.5 per cent of the health budget on the family planning programme. A small increase in this percentage would be enough to procure required contraceptives, the cost of which is estimated as $240,000 in 1995; $264,000 in 1996; and $290,000 in 1997. This costing does not include the supply of Norplant or intra-uterine devices (IUDs). Another avenue that may not have been explored for resource mobilization is the private industrial sector, which surely has an interest in the reproductive health of its workforce.

13. The first confirmed case of AIDS in Mauritius was reported in 1987. According to a February 1994 Ministry of Health report, 73 HIV-positive and AIDS cases had been reported. An AIDS unit has been created in the Ministry of Health, headed by a national coordinator.

14. The level of mortality, as in the case of fertility, has shown a spectacular decline in the last few decades. However, the decline in mortality started some two decades before the start of the decline in fertility, mainly as a result of the eradication of malaria. The crude death rate declined from 27 per 1,000 in 1944 to 7.9 per 1,000 in 1972 and to 6.6 per 1,000 in 1990. Similarly the infant mortality rate declined from 155 per 1,000 live births in 1944 to 65.1 per 1,000 in 1972 and to 20.4 per 1,000 in 1990. Life expectancy at birth for males increased from 32 in 1944 to 61 in 1972 and 65.6 in 1990; for females it increased from 34 in 1944 to 65.9 in 1972 and 73.4 in 1990.

15. The age structure of the population has changed significantly as a result of the rapid decline in fertility coupled with a similar decline in mortality. The proportion of children under 15 years of age decreased from 45 per cent of the total in 1962 to 29.7 per cent in 1990, while the proportion aged 65 and over increased from 3 per cent in 1962 to 5 per cent in 1990. The increase in the proportion of the elderly population is likely to continue, and the prospect of large numbers of elderly without family support is a national concern.

16. The country has a comprehensive system of free health care geographically within easy reach of the population. According to the National Development Plan (1992-1994), the overall doctor/population ratio has improved from 1 to 1,470 in 1983 to 1 to 1,089 in 1991. Family planning services are obtainable in about 200 service points (146 clinics and 54 supply centres managed by the Government and two clinics managed by the MFPA). Family planning prescription and IUD insertion are handled by physicians. Nurses/midwives are only allowed to ensure follow-up and replenish client supplies. In Rodrigues, there is no resident full-time medical doctor to provide maternal and child health care and family planning (MCH/FP) services. Access to family planning services for young persons aged 16 or less is not allowed in Government-owned hospitals and health centres.

17. Forty-one per cent of the population is concentrated in the urban areas of the main island of Mauritius while in Rodrigues urbanization is almost negligible. Nation-wide, there is a reverse flow out of urban areas. The overall urban population has decreased from 43 per cent in 1972 to 39 per cent in 1990. The well-developed road network and internal communications system and easy access to medical care, schools and recreation facilities in both rural and urban regions make the decision to move to rural regions a relatively easy one. In addition, housing is less expensive in rural areas. The Government's future efforts are directed at preventing any increase in large agglomerations that could cause environmental degradation. The islands have an area of only 2,040 square kilometres. Average population density has increased from 508 per square kilometre in 1983 to 537 in 1990 and to 547 at present. Ninety-seven percent of the population is concentrated on the main island of Mauritius where the population density is 549 per square kilometre.

18. In an attempt to overcome rapid inflation, rising unemployment, balance-of-payments disequilibrium, low reserves and low levels of investment that characterized the economy at the end of the 1970s, the Government embarked upon a stabilization and structural adjustment programme in 1979. The impact was considerable in the years immediately following these changes, with improvements in the overall budget deficit, the external balance of payments and the domestic inflation rate. As a result, subsequent indicators confirmed sustained improvements in economic performance until the beginning of the 1990s. The gross domestic product trebled in real terms over the 1970-1990 period, resulting in an average annual growth rate of 6 per cent. Over the period 1982-1989, per capita income at current market prices doubled, representing an annual growth rate of approximately 14 per cent. In 1992, the per capita gross national product was $2,700, according to the World Bank.

19. The labour-force participation rate has remained stable for males at slightly above 80 per cent. Female participation in the labour force, however, has increased from 34 per cent in 1983 to 37 per cent in 1990. In the Export Processing Zones, 69 per cent of the workforce are women. The innovations in employment opportunities offered to women, particularly through the Export Processing Zones, although bringing improved material conditions, have also created problems and tensions resulting from a rapid change in daily routine and work patterns. New types of health and social problems have arisen: excessive fatigue, stress and depression; an increase in the incidence of anaemia; an increase in violence; new disease patterns; problems with reproductive health; exposure of adolescent girls to sexually risky behaviour; deficient child-care structures, etc. The access to family planning for women working in Export Processing Zones has become difficult as most public family planning delivery points are closed by the time the workers are off duty.

20. Mauritius has one of the highest literacy rates (for 12-year-olds and above) among developing countries: 86.5 per cent for males and 76.7 per cent for females, according to the 1990 census. In the 12-24 age group, literacy rates are slightly higher for females than for males.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

21. UNFPA's assistance to Mauritius began in 1972 with support for strengthening the MCH/FP sector. Assistance prior to 1989 was on a project-by-project basis and amounted to $4 million. During that period, UNFPA supported projects to develop the MCH/FP programme, supply contraceptives, introduce population and family life education into the curricula of secondary

schools, and provide assistance for the 1983 Housing and Population Census and for the 1985 Contraceptive Prevalence Survey.

22. The first comprehensive programme of UNFPA assistance to Mauritius was approved by the Governing Council in 1989 in the amount of $2.5 million for the four-year period 1989-1992. A total amount of approximately $1.9 million (76 per cent of the approved amount) had been spent by December 1994. The programme was extended through 1994 after a Country Programme Review undertaken in 1992 had noted that only 50 per cent of the programme resources had been spent and that several anticipated programme activities had not been carried out, including family life education for youth. During the period of the extension, the focus of the programme was on MCH/FP, information, education and communication (IEC), and women, population and development.

Maternal and child health and family planning

23. The Government of Mauritius approved a national family planning programme in 1964. The following year, the Government extended financial assistance to two NGOs -- the Mauritius Family Planning Association (MFPA), an affiliate of the International Planned Parenthood Federation (IPPF); and Action Familiale de Maurice, which promotes natural family planning -- in order to encourage family planning education and services. Prior to 1989, UNFPA assistance concentrated on improving the quality and accessibility of integrated MCH/FP services on the main island of Mauritius and on Rodrigues. From 1989 on, under the first comprehensive population programme, UNFPA provided assistance to upgrade MCH/FP services and to reduce the annual population growth rate from 2.4 per cent to 1.2 per cent. These targets were met. Since 1993, in the absence of other donor commitment, UNFPA took over the supply of all contraceptives, which had previously been provided by the United States Agency for International Development (USAID). For Rodrigues, support was provided to enhance programme management and service delivery, to increase family planning coverage and to undertake IEC activities aimed at youth and males.

24. In spite of the high overall contraceptive prevalence rate of about 70 per cent, the 1991 contraceptive prevalence survey revealed that 20 per cent of last pregnancies were unplanned. The findings of the survey are being used to guide the Government's policy in the provision of MCH/FP services. The MCH/FP sector was reviewed again in 1993 by a UNFPA Country Support Team (CST) adviser who recommended that UNFPA assistance should focus on addressing such emerging issues as the high incidence of adolescent pregnancies, the shift in usage of modern to less-reliable contraceptive methods, and the apparent increasing incidence of abortion. The adviser further recommended that the strategy for 1993-1994 should aim at strengthening adolescent-oriented activities and encouraging the use of more-reliable family planning methods for families having achieved their desired family size. Reinforced IEC activities and increased accessibility of family planning services for working women were also suggested.

25. UNFPA has also supported broadening the contraceptive mix through the introduction of Norplant. Training of trainers is completed, and implants will be provided to 300 women volunteering to participate in the clinical study. It is expected that Norplant will be introduced in the near future into the range of methods available through the National Family Planning Programme.

Information, education and communication

26. In 1987, UNFPA approved a project to introduce population and family life education (FLE) in 72 out of 125 secondary schools. The project has encountered numerous difficulties. The FLE subjects were not adequately integrated into the syllabus; moreover, the FLE course is not for credit and thus is considered unimportant. The teachers involved have not been adequately trained in the subject matter, and coordination among the parties responsible for the project has been inadequate. An in-depth evaluation of the project in 1993 confirmed the low implementation rate and highlighted the delays, inadequate backstopping, and the inadequate quality of the materials developed as issues that require remedial action. The mission recommended that the problem of institutional structure, including availability of staff, be addressed, that the training of teachers be improved and that better lines of communication with schools be established for efficient monitoring.

27. As for out-of-school youth, UNFPA provided assistance for training a multidisciplinary team of six nationals in various aspects of IEC programme formulation and management, both for the main island of Mauritius and for Rodrigues. The primary goal was the introduction of FLE in the activities of youth centres as a way of encouraging responsible sexual behaviour.

Data collection and analysis

28. Mauritius has conducted three population and housing censuses with UNFPA support (1972, 1983, 1990). The projects were executed by the United Nations with technical backstopping by the Economic Commission for Africa (ECA). For the 1990 Housing and Population Census, UNFPA support focused on building up the institutional capability of the Central Statistical Office (CSO) in census cartography, data processing, census enumeration and data analysis. All essential phases of the census were carried out as scheduled, and relevant reports have been published and circulated. An analysis of the results was presented in summary form during a seminar organized in December 1993.

Population dynamics

29. The first comprehensive population programme made provision for the incorporation of population and development courses in the curricula of the Social Sciences Department and the School of Administration of the University of Mauritius as well as in the Mauritius Institute of Health. At the request of the Government, funds earmarked for this sector were instead used to fund a population and sustainable development project that developed a software package to facilitate understanding of the interaction between population, changes in the socio-economic structure and the environment. A publication summarizing the substantive research conducted on recent and likely future trends in these areas was published. Seminars were also organized on the applications of this model. Unfortunately, the model has not yet been employed by potential users.

Women, population and development

30. Prior to 1989, UNFPA provided assistance to an NGO, the Self-Help Association, in two of its centres situated in under-developed areas in the south of Mauritius and in Rodrigues. Activities included training of young women, mostly school drop-outs, in marketable sewing, embroidery and

handicrafts skills; organization of lectures on planned parenthood and MCH/FP; and running of day-care centres.

31. During the first comprehensive population programme, UNFPA supported efforts on the main island of Mauritius to improve the status of women and to prepare them for entry into the labour force by reinforcing the role and activities of the social network of the Ministry of Women's Rights, Child Development and Family Welfare. This included the introduction of FLE for newlywed couples and the development of day-care facilities for working mothers. Ten social centres were selected to be upgraded. Training of social welfare workers in FLE and other fields was provided. A survey on the status of social welfare centres was organized to assist in identifying problem areas and activities for which there was public demand. A review of these activities in 1993 recommended strengthening the FLE component and including the family counselling centres among the centres to be upgraded. It also recommended setting up an information and documentation system to provide support for FLE activities in the upgraded centres.

32. In Rodrigues, support was provided for income-generating activities and FLE for economically and socially disadvantaged women. An evaluation of these activities undertaken in December 1993 noted that they had been successful vis-a-vis fisherwomen but not women in the handicraft sector, since there was no market for their products. The evaluation recommended that the FLE component should be reinforced and extended to other disadvantaged women.

Other external assistance

33. WHO, UNICEF and UNDP have supported a number of initiatives in the field of MCH, AIDS and women-in-development activities. UNDP's on-going fifth country programme (1993-1997) of $3.8 million contains provision for supporting the preparation of the recently launched "White Paper on Women in Development"; training of women entrepreneurs; and assistance to strengthen the National AIDS Control Programme and to address the effects of non-communicable diseases. The present UNICEF country programme, 1990-1994, is for $1.5 million from general resources and $565,000 in supplementary funds. The annual programme budget was raised to $750,000 for 1992-1994. WHO assistance to the Government of Mauritius covers the following sectors: AIDS, non-communicable diseases, research and training. A key strategy for achieving the goals of the Health For All programme is to provide assistance to mobilize support for community health care and to provide individuals and families with the means to look after their own health.

34. Action Familiale de Maurice, an affiliate of the International Federation for Family Life Promotion, has had a series of grants for regional training and research in natural family planning. USAID has supported Action Familiale in research on the length of time natural family planning methods are used by clients. The study showed a use-effectiveness rate of 91 per cent during a two-year period. The number of registered natural family planning users in the Mauritius programme is approximately 35,000, with an annual average of 1,700-1,800 new users.

35. The Mauritius Family Planning Association was formed in 1957 and became an IPPF member in 1969. The Association has aimed at making family planning information and contraceptive services available to all communities and reinforcing government programmes in order to achieve a reduction in the population growth rate through integrated information, education and

service programmes for high-priority groups such as youth and males, and through such projects as community-based service delivery and sterilization. In addition, the Association aims at strengthening its FLE and youth fertility-management activities as well as planned parenthood and women's development programmes.

36. MFPA's Alternative Service Delivery Project for workers on site has resulted in increased use of contraceptive methods, although a significant number of workers still lack access to these services. Distribution of contraceptives through retail and commercial outlets and vending machines has increased availability at the community level. The MFPA has also received grants from the Association for Voluntary Surgical Contraception for training in interval mini-laparotomy for local and regional participants in order to increase the accessibility of voluntary surgical contraceptive services.

37. The World Assembly of Youth, in cooperation with Population Concern, organized a national workshop to educate and train youth workers in the integration of population issues into non-formal education programmes. Twenty-five youth workers attended a five-day workshop.

IV. PROPOSED PROGRAMME 1995-1997

38. The proposed programme, with a view to eventually phasing out UNFPA assistance, focuses on consolidating past gains, on addressing the few groups underserved by past efforts, especially adolescents, and on assisting Mauritius in dealing with several issues that are emerging precisely because of past demographic achievements. The particular areas of focus would be on providing reproductive health and family planning (RH/FP) services to adolescents under the age of 16, especially since such services are not currently available to adolescents in any of the government-supported health centres; on making family planning services more accessible to the large numbers of women who work in the country's Export Processing Zones; and on improving facilities and outreach of services to the population on the outlying island of Rodrigues.

39. The proposed programme therefore aims at improving maternal health, minimizing the occurrence of pregnancy below age 20 and above age 34, decentralizing MCH/FP services and expanding IEC activities as well as undertaking measures to address the needs of specific population groups such as youth and employed women. The proposed country programme would assist the Government of Mauritius in: (a) developing appropriate responses to challenges brought about by past demographic and socio-economic success; (b) ensuring access to quality family planning through provision of high-quality, convenient care and innovative service delivery modes as a way of expanding coverage in general and of reaching youth and working women in specific; and (c) developing and implementing an integrated multisectoral programme for adolescents and youth to encourage responsible life choices.

40. The programme objectives would be achieved through the following: (a) establishing a systematic database to clarify the nature and determinants of emerging population and reproductive health issues; (b) reinforcing government efforts to incorporate women's concerns in all development efforts; (c) providing support for NGOs and private-sector groups able to provide quality family planning services in order to expand the coverage of the defined special target groups; (d) broadening the range of effective contraceptive methods; (e) re-examining current regulations

concerning family planning with a view to bringing fertility-regulation methods within the reach of the increasingly sexually active youth population; (f) conducting a major media and advertising campaign to provide appropriate responses to emerging issues; and (g) expanding training in counselling skills for FLE workers, youth leaders, peer counsellors, family planning motivators and school guidance teachers.

41. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health and family planning

42. The main objectives of the Government as stated in the 1992-1994 National Development Plan are: (a) to improve the effectiveness of existing family planning programmes and services (including their IEC components) in order to address the increasing number of abortions and unplanned pregnancies, the deterioration in the contraceptive method mix, and the increasing number of contraceptive-user drop-outs and couples not using family planning methods; and (b) to improve the health of mothers and infants, with emphasis on reducing risky adolescent reproductive behaviour leading to unplanned pregnancies and abortions. With the improved reproductive health services envisaged in the plan, the Government expects perinatal mortality rates to decline from 24.7 per 1,000 in 1992 to 20.0 per 1,000 by the year 2000 and maternal mortality rates to decrease by half during the same period, from 40 per 100,000 live births to 20 per 100,000.

43. UNFPA would provide $750,000 for RH/FP activities. Of this, $250,000 would be earmarked to undertake service-oriented research. The research agenda would include an examination of such issues as: (a) the factors leading to the perceived shift to less-effective contraceptive methods and to the increasing number of drop-outs; (b) the factors leading to abortions and their impact on women's health; (c) the health profile of pregnant women; (d) the cause and consequences of adolescent pregnancies; and (e) the increasing prevalence of single-parent households.

44. Another $200,000 would be set aside to strengthen the national capacity to expand the mix of contraceptive methods. These funds would complement the Government's own financing of contraceptive supplies, including Norplant, as well as the private-sector contribution. To assure availability of contraceptives while at the same time supporting national efforts for self-sufficiency in contraceptive supplies, UNFPA would provide partial funding for the procurement of contraceptives: up to 50 per cent of national requirements in 1995, 30 per cent in 1996, and 20 per cent in 1997.

45. Finally, $300,000 would be reserved for activities aimed at reducing adolescent fertility by at least 50 per cent through the establishment health counselling and service centres for adolescents and youths. The Ministry of Youth and Sports operates the centres where these activities would take place. Ministry of Health personnel would provide the services in these centres.

Information, education and communication

46. In the past, the national IEC strategy emphasized general awareness-creation focusing on the value of birth-spacing and the adoption of a two-child family norm. The training curricula for key MCH/FP service providers emphasized skills in motivating acceptors and providing clinical services. Given the success of the National Family Planning Programme in achieving its demographic goals and in achieving general acceptance of the small family norm and general awareness of family planning possibilities, national IEC efforts should be reoriented to address audiences such as youth not adequately reached by past efforts and to address issues beyond family planning.

47. Support for the IEC sector would aim at: (a) facilitating coordination of the population IEC activities of parastatal, public and non-governmental organizations; (b) popularizing FLE, especially among youth; (c) developing and beginning implementation of a more-effective strategy for introducing population and FLE in schools and vocational training institutions; and (d) developing research-based IEC interventions at both the central and regional levels. Specifically, UNFPA support would permit: (a) establishing an IEC sub-committee of the newly created National Population and Development Committee composed of the relevant units of all institutions engaged in IEC activities; (b) expanding training in counselling skills for FLE; and (c) sensitizing school personnel, parent-teachers associations, Ministry of Education officials and policy makers to current programme issues and needs in family life education. In addition, a greater involvement of the UNFPA Country Support Team for technical backstopping, training of teachers and materials development is envisaged. UNFPA would provide $400,000 for activities in the IEC sector.

Population policy formulation and implementation

48. The implicit population policy of Mauritius of the past two decades was fertility reduction. This has been successfully achieved. Other population-related issues (abortion, adolescent fertility, age-structure changes, the increased presence of women in the workforce, social difficulties created by rapid industrialization, and threats to the environment) have since emerged. The objectives of activities in this sector would be to assist the Government in: (a) coordinating population activities of the different ministries through the creation of a National Population and Development Committee; (b) undertaking policy-oriented studies to adequately address such emerging issues; and (c) formulating appropriate policies to take into account demographic, social, economic and

industrial indicators. A total of $150,000 would be set aside to support this sector, most of it in carrying out policy-oriented studies.

Women, population and development

49. Although significant progress has been made during the last decade, there are still issues to be addressed to improve the socio-economic status of women. Trends in the entry of women in the labour force show that the most dramatic increase has been in the manufacturing sector. However, job segregation by gender remains evident, with females occupying the low-status, low-pay jobs with high turnover. The Government has recently established a committee to review gender discrimination in employment.

50. The Government, through the Ministry of Women's Rights, Child Development and Family Welfare, has identified multiple dimensions of women's issues that need specific policy responses. In March 1994, the Ministry released a "White Paper on Women in Development", which is a comprehensive programme of action for the full integration of women in economic development. The essential recommendation is to mainstream gender issues in all sectors by promoting gender awareness and by eliminating all forms of gender stereotyping in policy processes and policy instruments through: (a) making gender planning an inherent part of the policy- and decision-making processes in all sectors; (b) providing intensive training in gender perception, sensitization, analysis and planning; (c) undertaking an in-depth study on gender attitudes and how these attitudes affect both men and women in their daily lives; and (d) eliminating all instances of gender stereotyping from IEC campaigns, formal educational syllabuses and the media.

51. Specifically, UNFPA would support: (a) research on the condition of women and their changing roles, on reproductive rights, and on adolescent pregnancy; (b) capacity building to enable the Ministry of Women's Rights, Child Development and Family Welfare to implement the policies and programmes contained in the White Paper; (c) training in FLE for women in the social welfare centres; (d) data collection on women's participation in economic activities; and (e) training in the integration of women's concerns into socio-economic planning for the staff of the Ministry of Women's Rights, Child Development and Family Welfare. The FLE component of the ongoing women's project in Rodrigues would be reinforced and extended to other women engaged in income-generating activities and who benefit from the revolving fund already established. A total of $150,000 is earmarked for women, population and development activities.

Programme reserve

52. An amount of $50,000 has been set aside as a reserve to cover unforeseen activities falling within the context of the present programme.

Programme coordination

53. The coordination of external assistance is the responsibility of the Ministry of Economic Planning and Development. The proposed programme provides for strengthening government coordination capability in the area of population. The establishment of the National Population and Development Committee is designed to serve as an effective mechanism to coordinate UNFPA-

supported population activities as well as the overall national programme. Regular meetings between the UNFPA local office and officials of UNFPA-supported projects as well as with the Ministry of Economic Planning and Development would be held to monitor the implementation of programme activities. In the context of the Joint Consultative Group on Policy (JCGP) mechanism, regular meetings would be organized with officials of the other United Nations organizations in the country in a concerted effort to harmonize and avoid duplication of activities.

Programme management, monitoring and evaluation

54. Under the overall supervision of the UNFPA Representative, who is also the UNDP Resident Representative, the UNFPA Country Director has responsibility for the management of the programme. The UNFPA Country Director stationed in Madagascar would visit Mauritius at least three times a year to monitor the programme with the assistance of the locally-based UNFPA national programme officer and national programme and finance assistants. The standard UNFPA procedures would be followed for monitoring the implementation of programme activities -- semi-annual progress reports, visits to project sites, participation in seminars, annual tripartite review meetings and programme reviews. All activities would have mechanisms for built-in evaluation, and the major ones would be subject to independent evaluation. A review of the overall programme would be conducted in 1997.

Financial summary

55. As indicated in paragraph 1, UNFPA will provide assistance in the amount of $1.5 million over the three-year period 1995-1997. The following table shows how the programme would accommodate this funding.

	UNFPA regular resources $
Reproductive health and family planning	750,000
Information, education and communication	400,000
Population policy formulation and implementation	150,000
Women, population and development	150,000
Programme reserve	50,000
TOTAL	1,500,000

V. RECOMMENDATION

56. The Executive Director recommends that the Executive Board approve the proposed programme of assistance for Mauritius as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

- - - - -